



MONTANA FARMERS MARKET REGISTRATION 2012

This information will be placed (free of charge) in the Montana Farmers' Market website, www.farmersmarkets.mt.gov, hosted by the Montana Department of Agriculture.

Please provide your market's information in the spaces below and return by **May 4, 2012** to the Montana Department of Agriculture:

- via mail: PO Box 200201
Helena, MT 59620-0201
- via email: jmertens@mt.gov
- via fax at 406-444-9442

If you run more than one market, please fill out separate forms for each market. With questions, contact Angelyn DeYoung at (406) 444-5424 or by e-mail at adeyoung@mt.gov.

MARKET INFORMATION Please fill in applicable information.

Market Name: _____

Market Location: _____

Please be specific (e.g. corner of 6th and Roberts, Helena) so visitors know your exact location.

Season Start Date: _____ **Season End Date:** _____

Please be specific – we will update the information annually.

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Market Day: _____ **Market Hours:** _____

Year Market Founded: _____ **Number of Vendors (average):** _____

Type of Vendors:

Please help us by explaining the diversity of your market. This will help us for planning promotions, and it will also be helpful for visitors to your market. If you don't know your vendors for the 2012 season, please use 2011 numbers.

- | | | | |
|----------------------------------|-----------------|---|-----------------|
| <input type="checkbox"/> Produce | # vendors _____ | <input type="checkbox"/> Crafts | # vendors _____ |
| <input type="checkbox"/> Meat | # vendors _____ | <input type="checkbox"/> Processed Products (jams, honey, etc.) | # vendors _____ |
| <input type="checkbox"/> Nursery | # vendors _____ | <input type="checkbox"/> Baked Goods | # vendors _____ |
| <input type="checkbox"/> Other | _____ | | |

Economic Impact: The information in this box will not be published.

We would like to know the total amount of sales at farmers' markets in Montana for future planning needs*. This information will remain **confidential**. Please provide us with an estimate of the amount of sales at your farmers' market for the entire season in 2011: _____

*We will use the total you provided above to calculate a total amount of sales at all Montana farmers' markets, and we will not report individual market's sales amounts.



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Other Market Information:

- ☐ Accept Senior Farmers' Market Nutrition Program coupons*
 ☐ Accept EBT cards**
- ☐ Accept WIC Farmers' Market Nutrition Program coupons*
 ☐ Accept debit/credit cards**
- ☐ Accept Food Stamps*
- ☐ Other _____

The information in this box will not be published.

Are you interested in learning more about participating in the Senior and WIC Farmers' Market Nutrition Program and accepting food stamps*?

☐ Yes
 ☐ No

Comments: _____

*If you are not currently participating in these programs and would like to inquire, contact Chris Fogelman, Montana Department of Public Health & Human Services, (406) 444-5285.

Are you interested in learning more about accepting electronic benefit transfer (EBT) and debit/credit payments at your farmers' market**?

☐ Yes
 ☐ No

Comments: _____

**If you would like more information on technical and financial assistance with accepting these forms of payment, contact Tammy Hinman, NCAT, (406) 494-8683.

CONTACT INFORMATION Please make any changes, as necessary.

Market Master or Primary Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Do you have pictures of your market that you would like included in our directory and on our website?

☐ Yes*
 ☐ No

*If so, please email an electronic copy of the pictures to me at adeyoung@mt.gov. At this time, we cannot accept hard copies for our website.

I, the undersigned, as a legal representative of the above-mentioned market, give the Montana Department of Agriculture permission to publish my market's information.

Signed _____

Date _____